MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039420
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 108

FILED NOV 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0310
2 0419
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Davis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin — Length of stay in 1b: 18 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Collier East Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Harrison
c. CITY OR TOWN Rural — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 Miles East Ridgeway Mo — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Sarah — Middle Elizabeth — Last Scott

4. DATE OF DEATH: Month 11 — Day 1 — Year 63.

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.
Female	White		2-14-70	93		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Keeping own Home	Home Work	Ohio	U.S.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Samuel Pittman	Jane Stine	Newton Scott Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Charlotte Cook Gilman City Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardio vascular renal disease	2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac enlargement, Chronic nephritis	2 yrs
DUE TO (c)	Bad Senile dementia, Secondary anemia	2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): fracture of hip 2 yrs ago, arthritis of hip bones

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1961 to 11/1/63 and last saw her him alive on 11/1/63
Death occurred at 5Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hor Bailey DO — 22b. ADDRESS Gallatin Mo — 22c. DATE SIGNED 11-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 11-9-63 — 23c. NAME OF CEMETERY OR CREMATORY Bowman Cemetery — 23d. LOCATION (City, town, or county) (State) 2½ miles East Ridgeway Mo

24. FUNERAL DIRECTOR ADDRESS Robert R Boggess Ridgeway Mo — 25. DATE RECD. BY LOCAL REG. 11-7-1963 — 26. REGISTRAR'S SIGNATURE Virgil M Engelhardt

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert R. Baggens.

Licensed Embalmer No. 35-76

P. O. Address Ridgeway Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.